2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 21, 2004 08:00 AM DOCUMENT # G92814 **Secretary of State** 1. Entity Name ALEXANDER GUNITE, INC. Mailing Address Principal Place of Business 3951 S.E. COMMERCE AVENUE PO BOX 292 STUART, FL 34995-0292 US STUART, FL 34997 US 01192004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2425826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALEXANDER, DALE DO NOT WRITE 3954 S.E. COMMERCE AVENUE STUART, FL 34997 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (RICITE, Registered Agent argusture required when remetatory) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP NANE ALEXANDER, DALE 3332 INLET HARBOR TERRACE STREET ADDRESS U00000003502 01/21/04-80014-014 150.00 CHTY-ST-ZIP STUART, FL 34997 HILL MARK STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP TITLE **划点**列F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowering to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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